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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 80398P330

First Inventor or Application Identifier Hawley Knox Rising, III

Title A METHOD AND AN APPARATUS FOR IMPLEMENTING A KEY FRAME

Express Mail Label No. EL635698385US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g. PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.

3. ☒ Specification *Total Pages* 20  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table,  
or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed )  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) *Total Sheets* 4

5. Oath or Declaration

*Total Pages*

- a. ☐ Newly executed (original copy)  
b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 16 completed)

i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- a. ☐ Computer Readable Form (CFR)  
b. ☐ Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ Paper  
c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))

10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO - 1449 Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No. \_\_\_\_\_/\_\_\_\_\_

Prior application Information: Examiner \_\_\_\_\_

Group/Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☒ Customer Number of Bar Code Label



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Signature

Date

11/28/00

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|   |                                 |  |  |                    |           |             |          |                      |                                 |               |  |                |  |                        |             |
|---|---------------------------------|--|--|--------------------|-----------|-------------|----------|----------------------|---------------------------------|---------------|--|----------------|--|------------------------|-------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p> |                                 | <b>Complete if Known</b>   |  |                    |           |             |          |                      |                                 |               |  |                |  |                        |             |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) <span style="font-size: large;">710.00</span>   |                                 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>80398P330</td> </tr> <tr> <td>Filing Date</td> <td>11/28/00</td> </tr> <tr> <td>First Named Inventor</td> <td>Hawley Knox Rising, III, et al.</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td>080398.P330</td> </tr> </table> |  | Application Number | 80398P330 | Filing Date | 11/28/00 | First Named Inventor | Hawley Knox Rising, III, et al. | Examiner Name |  | Group Art Unit |  | Attorney Docket Number | 080398.P330 |
| Application Number  | 80398P330                       |  |  |                    |           |             |          |                      |                                 |               |  |                |  |                        |             |
| Filing Date   | 11/28/00                        |  |  |                    |           |             |          |                      |                                 |               |  |                |  |                        |             |
| First Named Inventor  | Hawley Knox Rising, III, et al. |  |  |                    |           |             |          |                      |                                 |               |  |                |  |                        |             |
| Examiner Name   |                                 |  |  |                    |           |             |          |                      |                                 |               |  |                |  |                        |             |
| Group Art Unit  |                                 |  |  |                    |           |             |          |                      |                                 |               |  |                |  |                        |             |
| Attorney Docket Number  | 080398.P330                     |  |  |                    |           |             |          |                      |                                 |               |  |                |  |                        |             |

| <p><b>METHOD OF PAYMENT</b> (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <span style="border: 1px solid black; padding: 2px 20px;">02-2666</span></p> <p>Deposit Account Name <span style="border: 1px solid black; padding: 2px 50px;">Blakely, Sokoloff, Taylor &amp; Zafman LLP</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity (\$)</th> <th>Small Fee Code</th> <th>Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility filing fee</td> <td style="text-align: right;">\$710</td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="text-align: right;">(\$)<b>710.00</b></td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>16</td> <td>-20** = 0</td> <td>X \$18.00 =</td> <td>0.00</td> </tr> <tr> <td>3</td> <td>-3** = 0</td> <td>X \$80.00 =</td> <td>0.00</td> </tr> <tr> <td colspan="4">Multiple Dependent</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity (\$)</th> <th>Small Fee Code</th> <th>Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple Dependent claim</td> <td></td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: right;">(\$)<b>0.00</b></td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number of previously paid, if greater. For Reissues, see above</p> | Large Fee Code | Entity (\$)    | Small Fee Code | Entity (\$)  | Fee Description    | Fee Paid | 101 | 710 | 201 | 355 | Utility filing fee | \$710 | 106 | 320 | 206 | 160 | Design filing fee |  | 107 | 490 | 207 | 245 | Plant filing fee |  | 108 | 710 | 208 | 355 | Reissue filing fee |  | 114 | 150 | 214 | 75 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  |  |  | (\$) <b>710.00</b> | Total Claims | Extra Claims | Fee from below | Fee Paid | 16 | -20** = 0 | X \$18.00 = | 0.00 | 3 | -3** = 0 | X \$80.00 = | 0.00 | Multiple Dependent |  |  |  | Large Fee Code | Entity (\$) | Small Fee Code | Entity (\$) | Fee Description | Fee Paid | 103 | 18 | 203 | 9 | Claims in excess of 20 |  | 102 | 80 | 202 | 40 | Independent claims in excess of 3 |  | 104 | 270 | 204 | 135 | Multiple Dependent claim |  | 109 | 80 | 209 | 40 | **Reissue independent claims over original patent |  | 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  |  | (\$) <b>0.00</b> | <p><b>3. ADDITIONAL FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity (\$)</th> <th>Small Fee Code</th> <th>Entity (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920</td> <td>112</td> <td>920</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840</td> <td>113</td> <td>1,840</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for response within first month</td> <td></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for response within second month</td> <td></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for response within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td>Extension for response within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,890</td> <td>228</td> <td>945</td> <td>Extension for response within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidably</td> <td></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td>Petition to revive - unintentionally</td> <td></td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>240</td> <td>126</td> <td>240</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>710</td> <td>279</td> <td>355</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td style="text-align: right;">(\$)</td> </tr> </tbody> </table> <p style="font-size: x-small;">* Reduced by Basic Filing Fee Paid</p> | Large Fee Code | Entity (\$) | Small Fee Code | Entity (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 112 | 920 | 112 | 920 | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840 | 113 | 1,840 | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for response within first month |  | 116 | 390 | 216 | 195 | Extension for response within second month |  | 117 | 890 | 217 | 445 | Extension for response within third month |  | 118 | 1,390 | 218 | 695 | Extension for response within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for response within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidably |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentionally |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | (\$) |
|---|----------------|----------------|----------------|--|--------------------|----------|-----|-----|-----|-----|--------------------|-------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|---------------------|--|--|--|--|--------------------|--------------|--------------|----------------|----------|----|-----------|-------------|------|---|----------|-------------|------|--------------------|--|--|--|----------------|-------------|----------------|-------------|-----------------|----------|-----|----|-----|---|------------------------|--|-----|----|-----|----|-----------------------------------|--|-----|-----|-----|-----|--------------------------|--|-----|----|-----|----|---|--|-----|----|-----|---|---|--|---------------------|--|--|--|--|------------------|--|----------------|-------------|----------------|-------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|-----|-----|-----|--|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|--------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|--|------|
| Large Fee Code  | Entity (\$)    | Small Fee Code | Entity (\$)    | Fee Description  | Fee Paid           |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 101   | 710            | 201            | 355            | Utility filing fee   | \$710              |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 106   | 320            | 206            | 160            | Design filing fee  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 107   | 490            | 207            | 245            | Plant filing fee   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 108   | 710            | 208            | 355            | Reissue filing fee   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 114   | 150            | 214            | 75             | Provisional filing fee   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| <b>SUBTOTAL (1)</b>   |                |                |                |  | (\$) <b>710.00</b> |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| Total Claims  | Extra Claims   | Fee from below | Fee Paid       |  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 16  | -20** = 0      | X \$18.00 =    | 0.00           |  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 3   | -3** = 0       | X \$80.00 =    | 0.00           |  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| Multiple Dependent  |                |                |                |  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| Large Fee Code  | Entity (\$)    | Small Fee Code | Entity (\$)    | Fee Description  | Fee Paid           |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 103   | 18             | 203            | 9              | Claims in excess of 20   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 102   | 80             | 202            | 40             | Independent claims in excess of 3  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 104   | 270            | 204            | 135            | Multiple Dependent claim   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 109   | 80             | 209            | 40             | **Reissue independent claims over original patent                          |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 110   | 18             | 210            | 9              | **Reissue claims in excess of 20 and over original patent                  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| <b>SUBTOTAL (2)</b>   |                |                |                |  | (\$) <b>0.00</b>   |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| Large Fee Code  | Entity (\$)    | Small Fee Code | Entity (\$)    | Fee Description  | Fee Paid           |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 105   | 130            | 205            | 65             | Surcharge - late filing fee or oath  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 127   | 50             | 227            | 25             | Surcharge - late provisional filing fee or cover sheet                     |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 139   | 130            | 139            | 130            | Non-English specification  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 147   | 2,520          | 147            | 2,520          | For filing a request for <i>ex parte</i> reexamination                     |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 112   | 920            | 112            | 920            | Requesting publication of SIR prior to Examiner action                     |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 113   | 1,840          | 113            | 1,840          | Requesting publication of SIR after Examiner action                        |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 115   | 110            | 215            | 55             | Extension for response within first month                                  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 116   | 390            | 216            | 195            | Extension for response within second month                                 |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 117   | 890            | 217            | 445            | Extension for response within third month                                  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 118   | 1,390          | 218            | 695            | Extension for response within fourth month                                 |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 128   | 1,890          | 228            | 945            | Extension for response within fifth month                                  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 119   | 310            | 219            | 155            | Notice of Appeal   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 120   | 310            | 220            | 155            | Filing a brief in support of an appeal                                     |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 121   | 270            | 221            | 135            | Request for oral hearing   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 138   | 1,510          | 138            | 1,510          | Petition to institute a public use proceeding                              |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 140   | 110            | 240            | 55             | Petition to revive - unavoidably   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 141   | 1,240          | 241            | 620            | Petition to revive - unintentionally                                       |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 142   | 1,240          | 242            | 620            | Utility issue fee (or reissue)   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 143   | 440            | 243            | 220            | Design issue fee   |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 144   | 600            | 244            | 300            | Plant issue fee  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 122   | 130            | 122            | 130            | Petitions to the Commissioner  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 123   | 50             | 123            | 50             | Petitions related to provisional applications                              |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 126   | 240            | 126            | 240            | Submission of Information Disclosure Stmt                                  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 581   | 40             | 581            | 40             | Recording each patent assignment per property (times number of properties) |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 146   | 710            | 246            | 355            | Filing a submission after final rejection (37 CFR 1.129(a))                |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 149   | 710            | 249            | 355            | For each additional invention to be examined (37 CFR 1.129(b))             |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 179   | 710            | 279            | 355            | Request for Continued Examination (RCE)                                    |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| 169   | 900            | 169            | 900            | Request for expedited examination of a design application                  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| Other fee (specify) _____   |                |                |                |  |                    |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |
| <b>SUBTOTAL (3)</b>   |                |                |                |  | (\$)               |          |     |     |     |     |                    |       |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |                    |              |              |                |          |    |           |             |      |   |          |             |      |                    |  |  |  |                |             |                |             |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                     |  |  |  |  |                  |  |                |             |                |             |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |     |     |     |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                      |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |      |

|                       |                                 |      |          |                                 |         |
|-----------------------|---------------------------------|------|----------|---------------------------------|---------|
| <b>SUBMITTED BY</b>   |                                 |      |          | <b>Complete (if applicable)</b> |         |
| Typed or Printed Name | Carol F. Barry, Reg. No. 41,600 |      |          | Reg. Number                     |         |
| Signature             |                                 | Date | 11/28/00 | Deposit Account User ID         | 02-2666 |